Attorney's Docket No
COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
As a below named inventor, I hereby declare that:
TYPE OF DECLARATION
This declaration is of the following type: (check one applicable item below)
□ original □ design □ supplemental
NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do <u>not</u> check next item; check appropriate one of last three items.
☑ national stage of PCT
NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
☐ divisional ☐ continuation
continuation-in-part (CIP)
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TITLE OF INVENTION
DEVICE FOR MOVING HEADREST BACK AND FORTH

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))
(a) 🙎 is attached hereto.
(b) was filed on as D Serial No. 0 / or Express Mail No., as Serial No. not yet known and was amended on (if applicable).
NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.
(c) Was described and claimed in PCT International Application No. pct/kr2004/000866 , iled on April 14, 2004 as amended under PCT Article 19 on

PRIORITY CLAIM (35 U.S.C. §119) (a) - (d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d)

 no such applications have been filed.
- (e) 🛮 such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. \$119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Republic of Korea	2003-0023513	14.04.2003	X YES 🗆 NO
PCT	PCT/KR2004/00086	14.04.2004	⊠ YES □ NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVIS	IONAL A	PPLICAT	ION NUMBER	R	 FILING	DATE
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POWER OF ATTORNEY

I hereby revoke all previous Powers of Attorney given in the above-identified application.

I/we hereby appoint the practitioners associated with Customer Number 28249 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to the address associated with Customer No. 28249.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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SIGNATURE (S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or	first, inver	ntor CH	UNG,	Hae I	1	<u> </u>
Inventor's signature		1.1		HION		· · · · · · · · · · · · · · · · · · ·
Date September 14, 20	005 Country	of Cit	izens	hip R	epublic	of Korea
Residence 1-101 Taey	oung Apartm	ent, 2	Lot 91	Block	Yeounhe	e 2giku,
Seo-gu, Inchon 404-18	30 Republic	of Kor	ea			•
Post Office Address	same as res	idence			· -	
						,
Full name of second	joint invent	tor, if	any			
Inventor's signature						
Date	Country of	Citize	enship)		
Residence						
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Post Office Address				• .		
Full name of third je	oint invento	or, if	any -	· ·		·
Inventor's signature			,		1.1.	
Date	Country of	Citiz	enship			
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Post Office Address	same as res	idence				

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature for subsequent joint inventors. Number of pages added
Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47. Number of pages added***
Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added
Authorization of attorney(s) to accept and follow instructions from representative. ***
If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.
▼ This declaration ends with this page.